

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County... Queen Anne
 City or town... near - Sudlersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... About 1 year
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Kent
 City or town... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Etta Biggs

3. (b) Social Security Number

4. Sex... female 5. Color or race... white 6.(a) Single, married, widowed, or divorced... widowed
 8.(b) Name of husband or wife... Laurence Biggs
 7. Birth date of deceased (mo., day, yr.)... Aug. 4, 1863
 8. AGE: Year... 84 Month... 10 Days... 23 If less than one day... hrs. min.
 9. Birthplace... Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation... housewife
 11. Industry or business.....

12. Name... Charles Copper
 13. Birthplace... Maryland
 14. Maiden name... Mary Augustine
 15. Birthplace... Maryland

16. Informant... Mrs. Prince
 Address... Millington, Md. R.F.D.
 17. Burial Date thereof... July 1st 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory... Union Cem.
 Location... Worton - Kent Co. - Maryland
 18. Funeral director... J. Willis Wells
 Address... Chestertown, Maryland
 19. 6-29 48 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 28 19... 48 at... 8 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 17 19... 48 to... June 28 19... 48
 and that I last saw him... alive on... June 25 19... 48

Immediate cause of death... Acute Cardiac Dehydration DURATION
 Due to... Chronic Myocarditis
 Due to... Smoking
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... C. H. Whitealfe M. D. or other
 Address... Sudlersville, Md. Date signed... 6/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

MOTHER

13. Birthplace.....

MOTHER

14. Maiden name.....

MOTHER

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. June 2-1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

19.....

at.....

10.....

M.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him.....

alive on.....

19.....

at.....

19.....

at.....

Immediate cause of death.....

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death.)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1880
39
1948

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JUN 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6492

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Franklin Bolive Cassin

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

Oct 15 - 1940

8. AGE:

7 Years8 Months14 Days

if less than one day

hrs.

min.

9. Birthplace

New York City N.Y.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

Jackson Rose Cassin

13. Birthplace

Centerville, Md

14. Maiden name

Elizabeth Bolive

15. Birthplace

Germanstown - Philada

16. Informant

Address

Mr Jackson R. Cassin
Centerville, Md
Bureau

17.

(Burial, cremation, or removal, which?)

Date thereof

June 30/48
(month) (day) (year)

Cemetery or crematory

Centerville

Location

Centerville, Md

18. Funeral director

Barton Bros

Address

Centerville, Md

19.

Date rec'd by registrar

June 30 - 1948
Elice Armstrong
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 - 1948 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death Skull crushed
by being run over by truck
loaded with wheat

DURATION

Due to

Due to

He fell off his bicycle & under
whheel of truck and wheel
of truck ran over his head
crushing skull
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 6/29/48

Where did injury occur?

Centerville, Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

on street

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed

6/30/48

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JUL 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 251

1. PLACE OF DEATH:

County Green Anne
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County 9 a.
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Milby Erickson

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Don't know7. Birth date of deceased (mo., day, yr.) Sept 26 - 1858 8. (c) If alive, give age _____ years8. AGE: Years 89 Months 8 Days 29 If less than one day _____ hrs. _____ min.9. Birthplace Green Anne Co. Ind.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Needs13. Birthplace Ind.14. Maiden name Margaret15. Birthplace Ind.16. Informant John PhillipsAddress 2700 Thompson Place Wilm.17. Burial Date thereof June 27, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CentervilleLocation Centerville Ind.18. Funeral director Edgar X. KaneAddress Church Hill Ind.19. June 25 48 Edgar X. Kane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 - 19 48 at 4 a. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 23 19 48, to June 24 19 48
and that I last saw her alive on June 23 19 48

Immediate cause of death _____ DURATION _____

Cerebral HemorrhageDue to Fall down stairs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of June 23 48

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Church Hill - 24 Ind
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Fall down stairs injured at work?23. SIGNATURE W. Henry Fraher M. D. or other _____Address Centerville Ind Date signed 6/25-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County Pr
City or town Washington, Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 wks
Hospital, institution, or street address where death occurredHow long in hospital or institution? —

3. (a) FULL NAME

James E Jones4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Nesla Plumer Jones6. (c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) June 12 - 18648. AGE: Years 83 Months 11 Days 20 If less than one day9. Birthplace Queen Anne's Co Maryland
(Town, county, and state)10. Usual occupation Waterman

11. Industry or business

12. Name Samuel L Jones13. Birthplace Queen Anne's Co. Md14. Maiden name Do not know

15. Birthplace

16. Informant 2465 Wilford ResideAddress Centerville Maryland17. Burial Date thereof June 2 - 48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville Md18. Funeral director Barton BrosAddress Centerville Maryland19. June 1 19 48 Edgar L. Lane
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne'sCity or town Chester
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 48 at 9:45 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19 48, to June 1 19 48and that I last saw him alive on May 24 19 48Immediate cause of death Chronic myocardialDue to InsufficiencyDue to General DisturbanceOther conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE C. N. Whitcomb M. D. or otherAddress Centerville Md Date signed 6/1/48

MARGIN RESERVED FOR BINDING

VS A15

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RECEIVED

JUL 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6495

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen AnneCity or town Groasonville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Groasonville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mary Lavinia Kirwan

3. (b) Social Security Number

212-03-7973-A4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorcedSingle

6. (b) Name of husband or wife

B. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) November 10, 18738. AGE: Years 74 Months 0 Days 0 If less than one day

..... hrs. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation Retired11. Industry or business Lock Factory - Floor Lady12. Name William H. H. Kirwan13. Birthplace Virginia14. Maiden name Virginia Shelton15. Birthplace Virginia16. Informant Mrs. Lillian Marilla O'DonnellAddress Groasonville, Md. 2217. (Burial, cremation, or removal: Which) Burial Date there June 19, 1948

(month) (day) (year)

Cemetery or crematory Lynch ParkLocation Balto. Md.18. Funeral director Lynch & SonAddress Balto. Md.19. June 17, 1948 Elizabeth Foster

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1948 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5, 1948 to June 19, 1948and that I last saw him alive on June 19, 1948Immediate cause of death Coronary Thrombosis

DURATION

2 wks.Due to Hypertensive CardiovascularDiseaseSym.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE William C. ...

M. D. or other

Address Queenstown, Md. Date signed 6-18-48

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JUN 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6496

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:
Palmaro Nursing Home
 How long in hospital or institution? 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Cecil
 City or town Cecil
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Edwin C. Levy

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Jan 1 1875 6.(c) If alive, give age _____ years

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cecil MD
 (Town, county, and state)

10. Usual occupation Retired Painter

11. Industry or business _____

12. Name John Levy MD13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Mrs Annie H. HazworthAddress 33 East Main Wood Ave

17. Burial Date thereof June 14 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory CecilLocation Cecil MD18. Funeral director Edward BellowsAddress Millington MD

19. 6-13 48 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 6:42 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1948 to June 11 1948
 and that I last saw him alive on June 10 1948

Immediate cause of death Hemiplegia

Due to Arterio Sclerosis

Due to Chronic Enteral and Intestinal

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. H. Smith M. D. or other _____

Address Millington Date signed 6/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 3 1948

BUREAU V. S.

Evidence for change of
age shown on:

FILM NO. G 116 JUN 18 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH:

County... Queen Anne
City or town... Chesler
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... all her life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Queen Anne
City or town... Chesler
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) if veteran, name war

3. (a) FULL NAME

Anna Meltoni Talam

3. (b) Social Security Number

None

4. Sex... Female 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married
6. (b) Name of husband or wife... George J. Talam
7. Birth date of deceased (mo., day, yr.)... Nov 5 - 1873 8. If still alive, give age... 79 years

8. AGE: Years... 74 Months... 10 Days... 7 If less than one day... 3 hrs. min.

9. Birthplace... No Chester, Kent Island - Md
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... John Phillip's

13. Birthplace... Delmar, Island

14. Maiden name... Elizabeth Jones

15. Birthplace... Kent Island

16. Informant... George J. Talam

Address... Chesler Md

17. Burial Date thereof... June 12

(Burial, cremation, or removal, which?) month (day) (year)

Cemetery or crematory... Stevensville

Location... Stevensville Md

18. Funeral director... Burton Bros

Address... Centerville Md

19. June 12 1948 Elizabeth Hoyter

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 9 1948 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on June 9 1948

Immediate cause of death... Coronary Thrombosis

Due to... Arteriosclerosis

Due to... Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. Charles E. Snyder M. D. or other

Address... Stevensville Date signed... 6/10/48

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JUN 15 1948

BUREAU V. S.